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**CONFIRMATION NO. 5074**

| SERIAL NUMBER 10/654,560 | FILING OR 371(c) DATE 09/03/2003 RULE | CLASS 601 | GROUP ART UNIT 3764 | ATTORNEY DOCKET NO. HOME 0698 PUS |
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** CONTINUING DATA *************************** None/Qt

** FOREIGN APPLICATIONS ******************** None/Qt

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
** 12/23/2003

| Foreign Priority claimed ☐ yes ☑ no | STATE OR COUNTRY MI | SHEETS DRAWING 4 | TOTAL CLAIMS 19 | INDEPENDENT CLAIMS 2 |
|---|---|---|---|---|
| 35 USC 119 (a-d) conditions met ☑ yes ☐ no ☐ Met after Allowance | | | | |
| Verified and Acknowledged    Examiner's Signature    Initials | | | | |

**ADDRESS**
22045

**TITLE**
Wrap around body massager

| FILING FEE RECEIVED 900 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | ☐ All Fees |
|---|---|---|
| | | ☐ 1.16 Fees ( Filing ) |
| | | ☐ 1.17 Fees ( Processing Ext. of time ) |
| | | ☐ 1.18 Fees ( Issue ) |
| | | ☐ Other _____ |
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